

For Internal Use Only - Date Application Received: _____

AN EQUAL OPPORTUNITY EMPLOYER

Gillespie County complies with State and Federal Laws as to non-discrimination against any person in job structuring, recruitment, appointment, placement, training, upward mobility, discipline, or any other aspect of personnel administration based upon race, age, religion, color, disability, national origin, sex, political affiliation or belief, veteran status, or any other non-merit factor. Personnel decisions shall be made on the basis of occupational qualifications and job-related factors such as skill, knowledge, experience, and ability to perform functions of position applied for.

APPLICATION MUST BE RECEIVED PRIOR TO APPLICATION CLOSING

A County Job Announcement will state contact information as to where employment application and job description will be made available, application closing, and contact information as to where application is to be submitted. Be thorough, as your answers may determine whether or not you will be interviewed or considered for the position in which you applied. Resumes may be attached as a supplement only to this application. Some positions by virtue of their job functions may require additional application forms to be completed and may require specific testing.

		PLEASE PRINT IN	N INK			
NAME (As it appears on Social Security Card/Work Permit Card)	Last		First	Middle		
MAILING ADDRESS						
	Street		City	State Zip		
PHYSICAL ADDRESS (if same as above, leave blank)	Street		City	State Zip		
CELL PHONE		SE	CONDARY NUMBER:			
EMAIL ADDRESS			ARE YOU AT LEAS	T 18 YEARS OLD? ☐ YES ☐ NO		
OTHER NAMES YOU HAVE USED:						
POSITION APPLIED FOR:			MIN. SALARY REQUIREMENTS:	\$		
CHECK EACH TYPE OF WORK YOU WILL ACCEPT:	□ REGULAR	FULL TIME PART TIME ARY FULL or PART TIME	DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY GILLESPIE	-	□no □yes DATES:	DE	PARTMENT(S):		
SUPERVISOR: REASON FOR LEAVING:						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION		IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA.		
□NO □YES If Yes, provide location, date, charge and disposition of case(s) on page 5 Additional Info Section		DO YOU HAVE A VALID DRIV	STATE	Would this be an issue? ☐ YES ☐ NO		

In the case of applicants for positions with the County which require driving a vehicle, driving records may be checked annually.

Every county employee who is required to drive a vehicle or operate a piece of equipment which requires a valid driver's license must maintain a safe driving record.

Unsatisfactory results of a driving record check will be subject to disciplinary action up to and including discharge.



If you have served in the U.S. Military, please provide the following information:											
DD214 is required (please attach).				Branch of Service							
From:		To:									
110111.		Dates Served					Туре	of Discharge			
					EDU	CATIO	N				
EDUCATIONAL LEVEL	NAME		CIT	Y STAT	ГЕ 	CIRCLE YR COMPLETE		UNITS COMPLETED	DEGREE	MAJO	OR
HIGH SCHOOL						9 10 11	12				
COMMUNITY or JR COLLEGE						1 2					
OF JK COLLEGE						1 2					
BUSINESS or TRADE SCHOOL						1 2					
COLLEGE or UNIVERSITY						1 2 3	4				
UNIVERSITI						1 2 3					
СВАВИАТЕ						1 2 3	4				
GRADUATE SCHOOL								+			
			— т	ECHNI	GAL 0	- ATUR	D. CI	2111.C			
		ı		ECHNIC	CAL &	VIIII		VILLS.			
TECHNICAL SK	KILLS	Name of Har	dware	e/Software	e, if appl	icable			Your Profici	iency	
Technical Software/ Hardware Installation, Maintenance Describe: (attach additional sheets if necessary) Describe: (attach additional sheets if necessary)			necessary)								
Word Proc	essing				☐ Skilled ☐ Competent ☐ Familiar				☐ Familiar		
Spreadsl	heet							Skilled [Competent	☐ Familiar	
Other	r					Multi-line Telephone					
Typing/WPM _		Calculator by t	ouch	☐ Yes	☐ Yes ☐ No Copier/Fax Machi		er/Fax Machine	Yes 🗆 No			
		LICENSI	<u>ES</u> /(CERTIE	FICAT	IONS /	OR	GANIZATI(ONS		
	ONAL LICEI	NSES and	TYF	PES OF LIC	ENSES	DATE ISSUEI		REGIST	RATION IBER	STATE	EXPIRES MO / YR
CERTIFICATIONS (Job Related)											
Ü	UD Neiaicu	<u>l</u>					+				
PROFESSIONAL, SCHOLASTIC and OTHE		IER	NAME			DATE	N.	AME	DATE		
ORGANIZATIONS											
(Job Related) Evaluda membarshins that indicate your race religion color											
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status											



		JOB RELATED T	ΓRAINING		
NAME OF COU	RSE	YEAR COMPLETED	NAME OF COU	RSE	YEAR COMPLETED
		EMPLOYMENT	HISTORY		
THIS PORTION C	F THE APPLICAT	ION <u>MUST</u> BE COMPLE	TED EVEN IF SUPPLEMENT	ED BY A RESUME	
LIST YOUR MOST RE	ECENT EMPLOYER FI	RST, INCLUDE U.S. MILITAF	NT EMPLOYER? YES RY SERVICE AND UNPAID OR VO BONUSES OR COMMISSIONS.		ASE SALARY
FROM (Mo/Yr)TO (Mo	/Yr)TOT.	ALYRS	MOS. YOUR POSITION		
EMPLOYER			YOUR SUPERVISOR		
ADDRESS					
TYPE OF BUSINESS					
BASE SALARY/_ START/ BRIEF DESCRIPTION OF YOUR DO			HOURLY OTHER COMPENS	SATION, BONUSES	
					_
FROM (Mo/Yr)TO (Mo	/Yr)T0T	ALYRS	MOS. YOUR POSITION		
EMPLOYER			YOUR SUPERVISOR		
ADDRESS					
TYPE OF BUSINESS		REASON FO	R LEAVING		
BASE SALARY/	M	ONTHLY - WEEKLY - F	HOURLY OTHER COMPENS	SATION, BONUSES	
BRIEF DESCRIPTION OF YOUR D	UTIES & RESPONSIB	LITIES			



FROM (Mo/Yr)TO (Mo/Yr)TOTALYRSMOS. YOUR POSITION	
EMPLOYER YOUR SUPERVISOR	
ADDRESS PHONE	
TYPE OF BUSINESS REASON FOR LEAVING	
BASE SALARY/	
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES	
FROM (Mo/Yr)TO (Mo/Yr) TOTAL YRS MOS. YOUR POSITION	
EMPLOYER YOUR SUPERVISOR	
ADDRESS PHONE	
TYPE OF BUSINESS REASON FOR LEAVING	
THE OF BUSINESS REASON FOR LEAVING	
BASE SALARY/	
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES	
DRIEF DESCRIFTION OF TOUR DUTIES & RESFONSIBLITIES	
In order to comply with the Nepotism Policy of Gillespie County, please list below if you	
and/or your spouse are related to any officer or employee of Gillespie County.	
If not applicable please write N/A.	



	184	8
	ADDITIONAL INFORMATION OR TRAINING THAT IS JOB RELATED	
REI	ERENCES - Do Not Include Relatives	
NAME	NAME	
ADDRESS	ADDRESS	
CITY,STATE,ZIP	CITY,STATE,ZIP	
DAYTIME PHONE	DAYTIME PHONE	
RELATIONSHIP	RELATIONSHIP	
NAME	NAME	

CITY,STATE,ZIP ____

DAYTIME PHONE

RELATIONSHIP _____

ADDRESS _____

CITY,STATE,ZIP _____

DAYTIME PHONE

RELATIONSHIP



HOW DID YOU H	IEAR ABOUT THIS JOB OP	ENING? Mark All That Ap	oply (optional)		
Newspaper Advertisement	Gillespie County Web Site Posting	Friend / Relative	☐ Walk-In		
Other please explain					
EMERGENCY CONTACT (optional)					
NAME		RELATIONSHIP			
ADDRESS		CITY, STATE, ZIP			
HOME PHONE		BUSINESS PHONE			



AUTHORIZATION and AGREEMENT

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge, and I authorize any former employer to release to Gillespie County, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment. I will be responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, true copies of all degrees, certificates, or licenses listed on this application must be attached to be considered and before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

As an employer, the County is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendment Act of 2008 as may amended. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the County Treasurer Office.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests which may include a fitness for duty examination, psychological exam, a drug/alcohol screen. These examinations will be conducted by providers of the County's selection. I understand that a positive result from the drug/alcohol screen may eliminate me from consideration from any County job.

I understand that I must produce all documents necessary for the County to verify my identity and work authorization in accordance with the requirements of the Department of Homeland Security.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from Gillespie County and still wish to be considered for employment, it will be necessary to reapply and fill out a new application when a position is posted.

I understand that the County has Personnel Policies which describe additional obligations, terms, and conditions of employment. If selected for employment, I agree to promptly familiarize myself with the terms of such documents and abide thereby. I understand and agree that all benefits, programs, rules and policies of the County are subject to exceptions or change at any time, as decided by the County. Furthermore, the County will have the right to change my location for work, wage, and benefit programs, its personnel policies and any other privilege or condition of employment at any time for any reason, with or without prior notice.

I understand the acceptance of this application by the County neither expresses nor implies I will be offered employment. Gillespie County operates under the legal doctrine of employment-at-will and ... within requirements of State and Federal law regarding employment ... can dismiss an employee at any time, with or without notice, for any reason or no reason.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS

SIGNATURE C)F
APPLICANT _	DATE
PRINTED NAM APPLICANT _	IE OF
	THE INFORMATION BELOW IS SUBMITTED FOR MY BACKGROUND INVESTIGATION
Date of B	rirth: Texas Driver License Number:
	PLEASE PROVIDE COPY OF CURRENT DRIVER LICENSE WITH APPLICATION
	The position for which I am applying requires a criminal and/or comprehensive background check. I hereby
(, initials, consent) or (, initials, do not consent) to the criminal and/or comprehensive background check.
	that failure to consent to such background checks (if required for the job) will result in my application not being , initials)
the specific p	d emphasize that the intent of this information is to provide full and free access to the background and history of my life, for ourpose of pursuing a background investigation which may provide pertinent data for Gillespie County to consider in my suitability for employment.

Return Application To:

Gillespie County
HR Director
Gillespie County Courthouse 101
West Main St., Mail Unit# 11
Room B-102
Fredericksburg, TX 78624, or
FAX 830-307-3782